860. Form A for LTC **Name of Scheme: 2403-51-001-95-98 (N)**				
Sr. No.	**Name of Employee**	**Designation**	**Basic Salary**	**LTC Amount Payable**
			Total	

860. Form B for LTC **Name of Scheme: 2403-51-101-62-51 (N)**				
Sr. No.	**Name of Employee**	**Designation**	**Basic Salary**	**LTC Amount Payable**
			Total	